## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificat	correspondence including d below or directed oth tions.	g the Patent, erwise in Blo	advance or ck 1, by (a					orrespondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
49455 STEIN MCEW 1400 EYE STRE SUITE 300				I he Stat add	Cer reby certify that th es Postal Service w	tificate is Fee(s vith suff	of Mailing or Transn	deposited with the United class mail in an envelope bove, or being facsimile
WASHINGTON, DC 20005					(Depositor's name)			
								(Signature)
				L_				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		TOR ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/812,010			Hyun-kwon Chun		<del></del>			
TITLE OF INVENTION REPR	ON: INFORMATION ODUCING METHOD T	STORAGE 'HEREOF AN	MEDIUM ID METHO	CONTAINING ENHA D FOR MANAGING TH	ANCED AV (EN E BUFFER	IAV) I	BUFFER CONFIGUI	RATION
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$151	10	\$300	<b>\$</b> 0	\$0 \$1810 10/1		10/19/2009
EXAMINER		ART U	NIT	CLASS-SUBCLASS				
WENDMAGEGN, GIRUMSEW 2621			21	386-095000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no pletion of this	NTED ON ' no assignee form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT Suwon-si, Repu	oatent. If an assign assignment. Y and STATE OR (	COUNT		cument has been filed for
Please check the appropr	riate assignee category o	categories (w	vill not be p	rinted on the patent):	Individual 💆 C	orporati	on or other private gro	up entity 🚨 Government
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the sequired fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
a. Applicant clain	ntus (from status indicate ns SMALL ENTITY stat	us. See 37 CF	R 1.27.	b. Applicant is no lo				
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if rec records of the United St	uired) will no ites Patent and	t be accepted Trademark	d from anyone other than coffice.	the applicant; a reg	istered	attorney or agent; or th	e assignee or other party in
Authorized Signature	, Hurs	ael	M	We	Date	0	1/24109	1
Typed or printed name Randall S. Svihla					Registration 1		56,273	
lination Confide	atiality is appropriately it	1 1 2 1 1 1 1 1 a	an/1 4 / 1 HR	1 14 This collection is e	sumaieo io iake 12	mmuce	s to combicte, includin	by the USPTO to process) g gathering, preparing, and ne you require to complete

submitting the complete application form to the Coll 10. Time win vary depending upon the minitional case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.